

governments to receive assistance for predisaster hazard mitigation and to authorize the President to provide additional repair assistance to individuals and households.

There being no objection, the Senate proceeded to the consideration of the bill.

Mr. DASCHLE. I ask unanimous consent that the bill be read the third time, passed, the motion to reconsider be laid upon the table, and that any statements relating thereto be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DASCHLE. I congratulate the Chair on the passage of his bill.

The bill (S. 1632) was read the third time and passed, as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DEADLINE FOR SUBMISSION OF STATE RECOMMENDATIONS FOR PREDISASTER HAZARD MITIGATION.

Section 203(d)(1)(B) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5133(d)(1)(B)) is amended by striking "not later than" and all that follows and inserting the following: "not later than—

"(i) in the case of fiscal year 2002, 60 days after the date on which funds are made available to carry out the program established under this section; and

"(ii) in the case of each fiscal year thereafter, October 1 or such later date as the President may determine."

SEC. 2. ADDITIONAL REPAIR ASSISTANCE FOR INDIVIDUALS AND HOUSEHOLDS.

Section 408(c)(2) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5174(c)(2)) is amended by striking subparagraphs (B) and (C) and inserting the following:

"(B) INITIAL ASSISTANCE.—

"(i) RELATIONSHIP TO OTHER ASSISTANCE.—A recipient of initial assistance described in subparagraph (A) shall not be required to show that the need for the initial assistance cannot be met through other means, except that a recipient shall be required to show that the need cannot be met through insurance proceeds.

"(ii) MAXIMUM AMOUNT OF INITIAL ASSISTANCE.—The amount of initial assistance provided to a household under this subparagraph shall not exceed \$5,000, as adjusted annually to reflect changes in the Consumer Price Index for All Urban Consumers published by the Department of Labor.

"(C) ADDITIONAL ASSISTANCE.—Subject to subsection (h), the President may provide additional repair assistance to an individual or household that is unable to complete the repairs described in subparagraph (A)(i) through use of insurance proceeds, loans, or other means, including assistance from the Small Business Administration."

DEPARTMENT OF VETERANS AFFAIRS EMERGENCY PREPAREDNESS ACT OF 2002

Mr. DASCHLE. Mr. President, I ask that the Chair lay before the Senate a message from the House on H.R. 3253.

The Presiding Officer laid before the Senate the following message from the House of Representatives:

House amendment to Senate amendments: In lieu of the matter proposed to be inserted by the amendment of the Senate to the text of the bill, insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Department of Veterans Affairs Emergency Preparedness Act of 2002".

SEC. 2. ESTABLISHMENT OF MEDICAL EMERGENCY PREPAREDNESS CENTERS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS.

(a) IN GENERAL.—(1) Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 7325. Medical emergency preparedness centers

"(a) ESTABLISHMENT OF CENTERS.—(1) The Secretary shall establish four medical emergency preparedness centers in accordance with this section. Each such center shall be established at a Department medical center and shall be staffed by Department employees.

"(2) The Under Secretary for Health shall be responsible for supervising the operation of the centers established under this section. The Under Secretary shall provide for ongoing evaluation of the centers and their compliance with the requirements of this section.

"(3) The Under Secretary shall carry out the Under Secretary's functions under paragraph (2) in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.

"(b) MISSION.—The mission of the centers shall be as follows:

"(1) To carry out research on, and to develop methods of detection, diagnosis, prevention, and treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, incendiary or other explosive weapons or devices posing threats to the public health and safety.

"(2) To provide education, training, and advice to health care professionals, including health care professionals outside the Veterans Health Administration, through the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11(b)) or through interagency agreements entered into by the Secretary for that purpose.

"(3) In the event of a disaster or emergency referred to in section 1785(b) of this title, to provide such laboratory, epidemiological, medical, or other assistance as the Secretary considers appropriate to Federal, State, and local health care agencies and personnel involved in or responding to the disaster or emergency.

"(c) SELECTION OF CENTERS.—(1) The Secretary shall select the sites for the centers on the basis of a competitive selection process. The Secretary may not designate a site as a location for a center under this section unless the Secretary makes a finding under paragraph (2) with respect to the proposal for the designation of such site. To the maximum extent practicable, the Secretary shall ensure the geographic dispersal of the sites throughout the United States. Any such center may be a consortium of efforts of more than one medical center.

"(2) A finding by the Secretary referred to in paragraph (1) with respect to a proposal for designation of a site as a location of a center under this section is a finding by the Secretary, upon the recommendations of the Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, security, and law enforcement functions, that the facility or facilities submitting the proposal have developed (or may reasonably be anticipated to develop) each of the following:

"(A) An arrangement with a qualifying medical school and a qualifying school of public health (or a consortium of such schools) under which physicians and other persons in the health field receive education and training through the participating Department medical facilities so as to provide those persons with training in the detection, diagnosis, prevention,

and treatment of injuries, diseases, and illnesses induced by exposures to chemical and biological substances, radiation, and incendiary or other explosive weapons or devices.

"(B) An arrangement with a graduate school specializing in epidemiology under which students receive education and training in epidemiology through the participating Department facilities so as to provide such students with training in the epidemiology of contagious and infectious diseases and chemical and radiation poisoning in an exposed population.

"(C) An arrangement under which nursing, social work, counseling, or allied health personnel and students receive training and education in recognizing and caring for conditions associated with exposures to toxins through the participating Department facilities.

"(D) The ability to attract scientists who have made significant contributions to the development of innovative approaches to the detection, diagnosis, prevention, or treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, incendiary or other explosive weapons or devices posing threats to the public health and safety.

"(3) For purposes of paragraph (2)(A)—

"(A) a qualifying medical school is an accredited medical school that provides education and training in toxicology and environmental health hazards and with which one or more of the participating Department medical centers is affiliated; and

"(B) a qualifying school of public health is an accredited school of public health that provides education and training in toxicology and environmental health hazards and with which one or more of the participating Department medical centers is affiliated.

"(d) RESEARCH ACTIVITIES.—Each center shall conduct research on improved medical preparedness to protect the Nation from threats in the area of that center's expertise. Each center may seek research funds from public and private sources for such purpose.

"(e) DISSEMINATION OF RESEARCH PRODUCTS.—(1) The Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, security, and law enforcement functions shall ensure that information produced by the research, education and training, and clinical activities of centers established under this section is made available, as appropriate, to health-care providers in the United States. Dissemination of such information shall be made through publications, through programs of continuing medical and related education provided through regional medical education centers under subchapter VI of chapter 74 of this title, and through other means. Such programs of continuing medical education shall receive priority in the award of funding.

"(2) The Secretary shall ensure that the work of the centers is conducted in close coordination with other Federal departments and agencies and that research products or other information of the centers shall be coordinated and shared with other Federal departments and agencies.

"(f) COORDINATION OF ACTIVITIES.—The Secretary shall take appropriate actions to ensure that the work of each center is carried out—

"(1) in close coordination with the Department of Defense, the Department of Health and Human Services, and other departments, agencies, and elements of the Government charged with coordination of plans for United States homeland security; and

"(2) after taking into consideration applicable recommendations of the working group on the prevention, preparedness, and response to bioterrorism and other public health emergencies established under section 319F(a) of the Public Health Service Act (42 U.S.C. 247d–6(a)) or any other joint interagency advisory group or committee designated by the President or the President's designee to coordinate Federal research on weapons of mass destruction.

“(g) ASSISTANCE TO OTHER AGENCIES.—The Secretary may provide assistance requested by appropriate Federal, State, and local civil and criminal authorities in investigations, inquiries, and data analyses as necessary to protect the public safety and prevent or obviate biological, chemical, or radiological threats.

“(h) DETAIL OF EMPLOYEES FROM OTHER AGENCIES.—Upon approval by the Secretary, the Director of a center may request the temporary assignment or detail to the center, on a non-reimbursable basis, of employees from other departments and agencies of the United States who have expertise that would further the mission of the center. Any such employee may be so assigned or detailed on a nonreimbursable basis pursuant to such a request.

“(i) FUNDING.—(1) Amounts appropriated for the activities of the centers under this section shall be appropriated separately from amounts appropriated for the Department for medical care.

“(2) In addition to funds appropriated for a fiscal year specifically for the activities of the centers pursuant to paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department medical care account and the Department medical and prosthetics research account such amounts as the Under Secretary determines appropriate to carry out the purposes of this section. Any determination by the Under Secretary under the preceding sentence shall be made in consultation with the Assistant Secretary with responsibility for operations, preparedness, security, and law enforcement functions.

“(3) There are authorized to be appropriated for the centers under this section \$20,000,000 for each of fiscal years 2003 through 2007.”

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7324 the following new item:

“7325. Medical emergency preparedness centers.”

(b) PEER REVIEW FOR DESIGNATION OF CENTERS.—(1) In order to assist the Secretary of Veterans Affairs and the Under Secretary of Veterans Affairs for Health in selecting sites for centers under section 7325 of title 38, United States Code, as added by subsection (a), the Under Secretary shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the designation of such centers. The peer review panel shall be established in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.

(2) The peer review panel shall include experts in the fields of toxicological research, infectious diseases, radiology, clinical care of patients exposed to such hazards, and other persons as determined appropriate by the Secretary. Members of the panel shall serve as consultants to the Department of Veterans Affairs.

(3) The panel shall review each proposal submitted to the panel by the officials referred to in paragraph (1) and shall submit to the Under Secretary for Health its views on the relative scientific and clinical merit of each such proposal. The panel shall specifically determine with respect to each such proposal whether that proposal is among those proposals which have met the highest competitive standards of scientific and clinical merit.

(4) The panel shall not be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

SEC. 3. EDUCATION AND TRAINING PROGRAMS ON MEDICAL RESPONSE TO CONSEQUENCES OF TERRORIST ACTIVITIES.

(a) IN GENERAL.—(1) Subchapter II of chapter 73 of title 38, United States Code, is amended by adding after section 7325, as added by section 2(a)(1), the following new section:

“§ 7326. Education and training programs on medical response to consequences of terrorist activities

“(a) EDUCATION PROGRAM.—The Secretary shall carry out a program to develop and disseminate a series of model education and training programs on the medical responses to the consequences of terrorist activities.

“(b) IMPLEMENTING OFFICIAL.—The program shall be carried out through the Under Secretary for Health, in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.

“(c) CONTENT OF PROGRAMS.—The education and training programs developed under the program shall be modeled after programs established at the F. Edward Hebert School of Medicine of the Uniformed Services University of the Health Sciences and shall include, at a minimum, training for health care professionals in the following:

“(1) Recognition of chemical, biological, radiological, incendiary, or other explosive agents, weapons, or devices that may be used in terrorist activities.

“(2) Identification of the potential symptoms of exposure to those agents.

“(3) Understanding of the potential long-term health consequences, including psychological effects, resulting from exposure to those agents, weapons, or devices.

“(4) Emergency treatment for exposure to those agents, weapons, or devices.

“(5) An appropriate course of followup treatment, supportive care, and referral.

“(6) Actions that can be taken while providing care for exposure to those agents, weapons, or devices to protect against contamination, injury, or other hazards from such exposure.

“(7) Information on how to seek consultative support and to report suspected or actual use of those agents.

“(d) POTENTIAL TRAINEES.—In designing the education and training programs under this section, the Secretary shall ensure that different programs are designed for health-care professionals in Department medical centers. The programs shall be designed to be disseminated to health professions students, graduate health and medical education trainees, and health practitioners in a variety of fields.

“(e) CONSULTATION.—In establishing education and training programs under this section, the Secretary shall consult with appropriate representatives of accrediting, certifying, and coordinating organizations in the field of health professions education.”

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7325, as added by section 2(a)(2), the following new item:

“7326. Education and training programs on medical response to consequences of terrorist activities.”

(b) EFFECTIVE DATE.—The Secretary of Veterans Affairs shall implement section 7326 of title 38, United States Code, as added by subsection (a), not later than the end of the 90-day period beginning on the date of the enactment of this Act.

SEC. 4. AUTHORITY TO FURNISH HEALTH CARE DURING MAJOR DISASTERS AND MEDICAL EMERGENCIES.

(a) IN GENERAL.—(1) Subchapter VIII of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 1785. Care and services during certain disasters and emergencies

“(a) AUTHORITY TO PROVIDE HOSPITAL CARE AND MEDICAL SERVICES.—During and immediately following a disaster or emergency referred to in subsection (b), the Secretary may furnish hospital care and medical services to individuals responding to, involved in, or otherwise affected by that disaster or emergency.

“(b) COVERED DISASTERS AND EMERGENCIES.—A disaster or emergency referred to in this subsection is any disaster or emergency as follows:

“(1) A major disaster or emergency declared by the President under the Robert B. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

“(2) A disaster or emergency in which the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11(b)) is activated by the Secretary of Health and Human Services under paragraph (3)(A) of that section or as otherwise authorized by law.

“(c) APPLICABILITY TO ELIGIBLE INDIVIDUALS WHO ARE VETERANS.—The Secretary may furnish care and services under this section to an individual described in subsection (a) who is a veteran without regard to whether that individual is enrolled in the system of patient enrollment under section 1705 of this title.

“(d) REIMBURSEMENT FROM OTHER FEDERAL DEPARTMENTS AND AGENCIES.—(1) The cost of any care or services furnished under this section to an officer or employee of a department or agency of the United States other than the Department or to a member of the Armed Forces shall be reimbursed at such rates as may be agreed upon by the Secretary and the head of such department or agency or the Secretary concerned, in the case of a member of the Armed Forces, based on the cost of the care or service furnished.

“(2) Amounts received by the Department under this subsection shall be credited to the Medical Care Collections Fund under section 1729A of this title.

“(e) REPORT TO CONGRESSIONAL COMMITTEES.—Within 60 days of the commencement of a disaster or emergency referred to in subsection (b) in which the Secretary furnishes care and services under this section (or as soon thereafter as is practicable), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the Secretary's allocation of facilities and personnel in order to furnish such care and services.

“(f) REGULATIONS.—The Secretary shall prescribe regulations governing the exercise of the authority of the Secretary under this section.”

(2) The table of sections at the beginning of that chapter is amended by adding at the end the following new item:

“1785. Care and services during certain disasters and emergencies.”

(b) MEMBERS OF THE ARMED FORCES ON ACTIVE DUTY.—Section 8111A(a) of such title is amended—

(1) by redesignating paragraph (2) as paragraph (4);

(2) by designating the second sentence of paragraph (1) as paragraph (3); and

(3) by inserting between paragraph (1) and paragraph (3), as designated by paragraph (2) of this subsection, the following new paragraph:

“(2)(A) During and immediately following a disaster or emergency referred to in subparagraph (B), the Secretary may furnish hospital care and medical services to members of the Armed Forces on active duty responding to or involved in that disaster or emergency.

“(B) A disaster or emergency referred to in this subparagraph is any disaster or emergency as follows:

“(i) A major disaster or emergency declared by the President under the Robert B. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

“(ii) A disaster or emergency in which the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11(b)) is activated by the Secretary of Health and Human Services under paragraph (3)(A) of that section or as otherwise authorized by law.”

SEC. 5. 10-YEAR EXTENSION OF EXPIRED AUTHORITY.

Effective September 30, 2002, subsection (d) of section 1722A of title 38, United States Code, is amended by striking "September 30, 2002" and inserting "September 30, 2012".

SEC. 6. INCREASE IN NUMBER OF ASSISTANT SECRETARIES OF VETERANS AFFAIRS.

(a) **INCREASE.**—Subsection (a) of section 308 of title 38, United States Code, is amended by striking "six" in the first sentence and inserting "seven".

(b) **FUNCTIONS.**—Subsection (b) of such section is amended by adding at the end the following new paragraph:

"(11) Operations, preparedness, security, and law enforcement functions."

(c) **NUMBER OF DEPUTY ASSISTANT SECRETARIES.**—Subsection (d)(1) of such section is amended by striking "18" and inserting "19".

(d) **CONFORMING AMENDMENT.**—Section 5315 of title 5, United States Code, is amended by striking "(6)" after "Assistant Secretaries, Department of Veterans Affairs" and inserting "(7)".

SEC. 7. CODIFICATION OF DUTIES OF SECRETARY OF VETERANS AFFAIRS RELATING TO EMERGENCY PREPAREDNESS.

(a) **IN GENERAL.**—(1) Subchapter I of chapter 81 of title 38, United States Code, is amended by adding at the end the following new section:

"§8117. Emergency preparedness

"(a) **READINESS OF DEPARTMENT MEDICAL CENTERS.**—(1) The Secretary shall take appropriate actions to provide for the readiness of Department medical centers to protect the patients and staff of such centers from chemical or biological attack or otherwise to respond to such an attack so as to enable such centers to fulfill their obligations as part of the Federal response to public health emergencies.

"(2) Actions under paragraph (1) shall include—

"(A) the provision of decontamination equipment and personal protection equipment at Department medical centers; and

"(B) the provision of training in the use of such equipment to staff of such centers.

"(b) **SECURITY AT DEPARTMENT MEDICAL AND RESEARCH FACILITIES.**—(1) The Secretary shall take appropriate actions to provide for the security of Department medical centers and research facilities, including staff and patients at such centers and facilities.

"(2) In taking actions under paragraph (1), the Secretary shall take into account the results of the evaluation of the security needs at Department medical centers and research facilities required by section 154(b)(1) of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188; 116 Stat. 631), including the results of such evaluation relating to the following needs:

"(A) Needs for the protection of patients and medical staff during emergencies, including a chemical or biological attack or other terrorist attack.

"(B) Needs, if any, for screening personnel engaged in research relating to biological pathogens or agents, including work associated with such research.

"(C) Needs for securing laboratories or other facilities engaged in research relating to biological pathogens or agents.

"(c) **TRACKING OF PHARMACEUTICALS AND MEDICAL SUPPLIES AND EQUIPMENT.**—The Secretary shall develop and maintain a centralized system for tracking the current location and availability of pharmaceuticals, medical supplies, and medical equipment throughout the Department health care system in order to permit the ready identification and utilization of such pharmaceuticals, supplies, and equipment for a variety of purposes, including response to a chemical or biological attack or other terrorist attack.

"(d) **TRAINING.**—The Secretary shall ensure that the Department medical centers, in con-

sultation with the accredited medical school affiliates of such medical centers, develop and implement curricula to train resident physicians and health care personnel in medical matters relating to biological, chemical, or radiological attacks or attacks from an incendiary or other explosive weapon.

"(e) **PARTICIPATION IN NATIONAL DISASTER MEDICAL SYSTEM.**—(1) The Secretary shall establish and maintain a training program to facilitate the participation of the staff of Department medical centers, and of the community partners of such centers, in the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh-11(b)).

"(2) The Secretary shall establish and maintain the training program under paragraph (1) in accordance with the recommendations of the working group on the prevention, preparedness, and response to bioterrorism and other public health emergencies established under section 319F(a) of the Public Health Service Act (42 U.S.C. 247d-6(a)).

"(3) The Secretary shall establish and maintain the training program under paragraph (1) in consultation with the following:

"(A) The Secretary of Defense.

"(B) The Secretary of Health and Human Services.

"(C) The Director of the Federal Emergency Management Agency.

"(f) **MENTAL HEALTH COUNSELING.**—(1) With respect to activities conducted by personnel serving at Department medical centers, the Secretary shall develop and maintain various strategies for providing mental health counseling and assistance, including counseling and assistance for post-traumatic stress disorder, following a bioterrorist attack or other public health emergency to the following persons:

"(A) Veterans.

"(B) Local and community emergency response providers.

"(C) Active duty military personnel.

"(D) Individuals seeking care at Department medical centers.

"(2) The strategies under paragraph (1) shall include the following:

"(A) Training and certification of providers of mental health counseling and assistance.

"(B) Mechanisms for coordinating the provision of mental health counseling and assistance to emergency response providers referred to in paragraph (1).

"(3) The Secretary shall develop and maintain the strategies under paragraph (1) in consultation with the Secretary of Health and Human Services, the American Red Cross, and the working group referred to in subsection (e)(2)."

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 8116 the following new item:

"8117. Emergency preparedness."

(b) **REPEAL OF CODIFIED PROVISIONS.**—Subsections (a), (b)(2), (c), (d), (e), and (f) of section 154 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188; 38 U.S.C. note prec. 8101) are repealed.

(c) **CONFORMING AMENDMENTS.**—Subsection (g) of such section is amended—

(1) in paragraph (1), by inserting "of section 8117 of title 38, United States Code" after "subsection (a)"; and

(2) in paragraph (2), by striking "subsections (b) through (f)" and inserting "subsection (b)(1) of this section and subsections (b) through (f) of section 8117 of title 38, United States Code".

Mr. ROCKEFELLER. Mr. President, as Chairman of the Committee on Veterans Affairs, I urge my colleagues to pass H.R. 3253, the proposed "Department of Veterans Affairs Emergency Preparedness Act," as it will be modified by a manager's amendment.

The pending measure represents a compromise agreement on an omnibus bill that would ensure that VA can capably fulfill its obligations to veterans, the military, and the entire Nation during disasters. H.R. 3253 would not only preserve veterans services during national emergencies, but would take advantage of VA's expertise in the medical consequences of weapons of mass destruction to protect all Americans.

This legislation would establish four medical emergency preparedness research centers within the VA health care system. Although my colleagues may not be surprised to learn about VA's research expertise in the long-term health consequences of biological, chemical, and radiological exposures, fewer may be aware of VA's unparalleled clinical management research program. The centers authorized by H.R. 3253 would allow VA's experts to develop practices for managing or preventing mass casualties resulting from the use of terrorist weapons, and to do so within our evolving National strategy for homeland security research.

H.R. 3253, as amended, would also authorize a new Assistant Secretary, requested by the administration, to coordinate VA's internal and interagency operations, security, preparedness, and law enforcement activities. This measure would also clarify the Secretary's preparedness duties, which would include ensuring that VA's 105,000 healthcare professionals—and the additional 81,000 providers trained in VA facilities each year—receive the education and training that they need to protect themselves and their patients during disasters.

Finally, this measure would recognize the role that VA—the largest integrated healthcare system in the Nation already plays during disasters. In 1982, Public Law 97-174 assigned a new duty to VA: serving as the contingency medical system to the Department of Defense during conflicts and emergencies, which Congress assumed would mean caring for wounded troops as they returned home from war. In 1982, no one anticipated that VA might be called upon to care for active duty military casualties during a domestic disaster.

H.R. 3253 as amended acknowledges that we no longer have the luxury of ignoring that possibility, and authorizes VA to extend care to active duty military casualties injured while fulfilling their duties during a conflict or disaster on American soil as well as abroad.

The legislation would also acknowledge VA's role in protecting public health during emergencies. As part of the Federal Response Plan for disasters and a cornerstone of the National Disaster Medical System, VA caregivers have aided overwhelmed communities during every major domestic disaster of the last two decades. After the Oklahoma City attack, after Hurricanes Andrew and Floyd, during Houston's disastrous floods, and in New York City

on September 11 of last year, VA medical professionals stepped up to care for victims—not only veterans, but anyone in need.

VA medical centers are more than just the backbone of the Federal clinical infrastructure, they are integral parts of communities, and those communities turn to them during crises. The compromise agreement highlights this mission, authorizing VA to provide medical care to those affected by or responding to declared disasters, or following activation of the National Disaster Medical System. I wish to stress to my colleagues that this reflects VA's already enormous contribution to public safety, a mission that VA will carry out in the future as part of the Nation's homeland security strategy.

Following last year's attacks, Congress sought new tools and new strategies to protect the American people from the suddenly evident threat posed by terrorists wielding weapons of mass destruction. We learned—at the price of five lives lost and months of fear, confusion, and the disruption of the Senate that our public health resources and our scientific expertise could be overwhelmed by a biological assault aimed at a handful of public figures.

We must do more than bemoan the slow starvation of our public health care system, the chronic underfunding of the laboratories that detect outbreaks, and the managed care principles that have stripped away our hospitals' surge capacity. We must use the resources at hand as efficiently as possible to ready ourselves for whatever disasters may come.

In conclusion, I want to thank Senator SPECTER and his staff Bill Tuerk, Bill Cahill, and David Goetz for diligently working with me and my staff Kim Lipsky and Julie Fischer to craft this legislation. I would also like to thank my colleagues on the House Committee on Veterans Affairs, particularly Chairman Christopher Smith and his staff Pat Ryan, Kingston Smith, Jeannie McNally, Peter Dickinson, Kathleen Greve, and John Bradley and Ranking Member Lane Evans and his staff, Michael Durishin and Susan Edgerton, for their essential contributions to this legislation.

I urge my colleagues to support these preparedness improvements for veterans and VA. This bipartisan measure represents a vital step in ensuring VA's preparedness, with a potentially enormous pay-off in public safety.

Mr. DASCHLE. I ask unanimous consent that the Senate concur in the House amendment with a further amendment, which is at the desk, that the amendment be agreed to and the motion to reconsider be laid upon the table, with no intervening action.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 4883) was agreed to.

(The amendment is printed in today's RECORD under "Text of Amendments.")

JOBS FOR VETERANS ACT

Mr. DASCHLE. I ask unanimous consent that the Veterans Affairs Committee be discharged from further consideration of H.R. 4015, and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 4015) to amend title 38, of the United States Code, to revise and improve employment, training and placement services furnished to veterans, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. ROCKEFELLER. Mr. President, as Chairman of the Committee on Veterans' Affairs, I am pleased the Senate supports H.R. 4015, the proposed "Jobs for Veterans Act," as modified by a Manager's Amendment which reflects a final compromise developed by the House and Senate Veterans' Affairs Committees. This legislation would improve the employment, training and placement services furnished to the men and women who have served our Nation.

At the conclusion of World War II, Congress made job placement for veterans a national priority. Legislation passed then created special employment services for returning troops, establishing hiring priorities for veterans in federal employment and giving them early notice of jobs in the private sector.

Later, Congress provided grants to states to hire experts with experience in placing veterans into civilian jobs. These experts, called Local Veterans' Employment Representatives and Disabled Veterans Outreach Program Specialists, serve veterans through state employment service offices and one-stop centers. Currently, the funding to hire these specialists is provided by a rigid formula that affords states little flexibility in allocating personnel for veterans' employment services.

The Jobs for Veterans Act would change this formula, and would remove restrictions on how states can employ these experts in veterans' employment. I expect that these changes will enable the Department of Labor to rise above the criticism the veterans employment programs have recently drawn. These necessary changes would allow states to tailor their employment services to better serve our Nation's veterans.

Mr. President, the "Jobs for Veterans Act" would additionally restore priority of service to veterans, and spouses of certain veterans, for employment, training and placement and extend it to any job training program administered by the Department of Labor. Additionally, the Secretary of Labor would be authorized to set priorities among eligible veterans and spouses by taking into account their special needs.

H.R. 4015 would also modify the threshold that determines when Fed-

eral contractors and subcontractors must take affirmative action to employ—and to advance in employment—qualified veterans, including immediately listing employment openings for such contracts. This modified threshold keeps pace with inflation, and provides the Office of Contract Compliance with a manageable amount of contracts to oversee and assure that contractors are meeting their obligations.

This legislation would also provide special financial and nonfinancial incentives to state employees to encourage them to develop improved and modern employment services for veterans. The awards would be administered through the states, based on criteria established by the Secretary of Labor in consultation with the states.

In some states, certain economic obstacles may create serious challenges to finding appropriate job placements for veterans. The "Jobs for Veterans Act" would allow the Secretary of Labor to give technical assistance to states that might need help in finding solutions, and would mandate that the state develop and implement a corrective plan to be approved by the Secretary.

As we ask the young men and women of this Nation to prepare themselves to take up arms in its defense, we must ensure that we will be able to help them find productive careers upon their return as we did for the previous generations that defended our freedoms. I am pleased colleagues have joined in supporting this bill on behalf of those who have served, and those who will serve in the future.

Mr. President, I ask unanimous consent that the accompanying joint explanatory statement be printed in the RECORD following this statement.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SUMMARY OF H.R. 4015, AS AMENDED BY A MANAGER'S AMENDMENT JOBS FOR VETERANS ACT

Revises and improves employment, training and placement services furnished to veterans.

Provides priority of service (over non-veterans) to veterans and spouses of certain veterans in job training programs funded by the Department of Labor.

Revises the current formula for funding veterans employment service providers in State employment offices, and removes restrictions on how they are used by the State. This is to give States greater flexibility in how they provide employment, training and placement services to veterans.

Modifies the threshold for when Federal contractors and subcontractors must take affirmative action to employ and advance in employment qualified veterans, including immediately listing employment openings for such contracts.

Promotes employment and job advancement opportunities within the Federal government for disabled veterans, veterans who served in a military operation for which a service medal was awarded, and recently separated veterans by removing an eligibility restriction that allowed only Vietnam veterans to participate in these opportunities.